

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10764570**  
APPLICANT(S)

FILED DATE  
**07-27-04**

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1		1	
2	1		1		1	
3		2		2		2
4		2		2		2
5		2		2		2
6		2		2		2
7		2		2		2
8		2		2		2
9		1		1		1
10		1		1		1
11		1		1		1
12		1		1		1
13		1		1		1
14		1		1		1
15	1		1		1	
16		2		2		2
17		2		2		2
18		2		2		2
19		2		2		2
20		2		2		2
21		2		2		2
22		2		2		2
23		2		2		2
24		2		2		2
25		1		1		1
26		2		2		2
27		2		2		2
28		2		2		2
29				1		1
30				1		1
31				1		1
32				1		1
33				1		1
34				1		1
35				1		1
36				1		1
37						
38						
39						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4		4		4	
TOTAL DEP.	40		48		48	
TOTAL CLAIMS	44		51		52	

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						